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FM AMCONSUL HO CHI MINH CITY
TO RUEHC/SECSTATE WASHDC 1194
INFO RUEHHM/AMCONSUL HO CHI MINH CITY 1256
RUEHHI/AMEMBASSY HANOI 0867
RUCNARF/ASEAN REGIONAL FORUM COLLECTIVE
RUEHZN/ENVIRONMENT SCIENCE AND TECHNOLOGY COLLECTIVE
RUEHUL/AMEMBASSY SEOUL 0008
RUEHKO/AMEMBASSY TOKYO 0008
RUEHHK/AMCONSUL HONG KONG 0076
RUEHGZ/AMCONSUL GUANGZHOU 0008
RUEHCN/AMCONSUL CHENGDU 0007
RUEHIN/AIT TAIPEI 0019
RUEAIIA/CIA WASHDC
RUEHPH/CDC ATLANTA GA
RUEAUSA/DEPT OF HHS WASHINGTON DC
RUEHRC/USDA FAS WASHDC
RUEKJCS/SECDEF WASHINGTON DC
RUEKJCS/CJCS WASHINGTON DC//J2/J3/J5//
RHEFDIA/DIA WASHINGTON DC//DHO-3//
RHMFIUU/CDR USPACOM HONOLULU HI//J00/J2/J3/J5//
RHEFAFM/DIRAFMIC FT DETRICK MD//MA-1A//

UNCLAS SECTION 01 OF 03 HO CHI MINH CITY 000810

SIPDIS

SENSITIVE
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STATE FOR G, CA/OCS/ACS/EAP, EAP/EX, EAP/MLS, EAP/EP, INR, OES/ST
STATE PASS TO USAID FOR ANE AND GH (DCARROLL, SCLEMENTS AND PCHAP
STATE PASS TO USTR (EBRYAN)
STATE PASS TO HHS/OGHA (WSTIEGER, EELVANDER AND ABHAT)
USDA PASS TO APHIS
DEPARTMENT OF DEFENSE FOR OSD/ISA/AP (LSTERN)
BANGKOK FOR RMO, CDC, USAID (MFRIEDMAN, JMACARTHUR AND MBRADY)
ROME FOR FAO

E.O. 12958: N/A

TAGS: [TBIO](#) [KFLU](#) [AMED](#) [AMGT](#) [CASC](#) [EAGR](#) [PINR](#) [SOCI](#) [VM](#)
SUBJECT: AVIAN INFLUENZA: POULTRY VACCINATIONS IN SOUTHERN VIETNAM

REF: 05 HCMC 0891 B) 05 HCMC 0855 C) 05 HCMC 1269

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1. (SBU) Summary: In recent meetings, the Directors of the HCMC and Mekong Delta Regional Animal Health Centers told us that they are generally satisfied with the results of the Avian Influenza (AI) poultry vaccination campaign. The last poultry outbreak in the Mekong Delta and South-Central regions of Vietnam occurred in April 2005. The GVN's interpretation of the post-immunization surveillance shows that, on average, 70 percent of poultry tested positive for antibodies four months after vaccination, which is the minimum acceptable standard. However, lower antibody rates for ducks, the primary vector for AI, may require more frequent vaccination than the current twice yearly schedule. Wide variations in the presence of vaccine antibodies in different flocks in various provinces also may indicate problems in the vaccination program or in post-vaccination surveillance. End Summary.

2. (SBU) In mid-June, EconOff met with Dr. Nguyen Xuan Binh, Vice Director of the Ho Chi Minh City Regional Animal Health Center, and Nguyen Ba Thanh, Director of the Can Tho Regional Center, to discuss the results of the 2005 poultry vaccinations and prospects for the 2006 program. The centers, representing two of six total in Vietnam, cover 23 provinces from the Mekong Delta to the South-Central province of Ninh Thuan. The centers are responsible for inspection, prevention, and disease diagnosis.

¶3. (SBU) The Directors said that the vaccination program consists of two injections administered in the spring and fall. Although birds are supposed to be vaccinated every six months, the actual gap between vaccinations could be as long as eight months. In the event of an outbreak, birds within three kilometers of an infection site are re-vaccinated.

¶4. (SBU) In 2005, in the region covered by the HCMC Center, 42 percent, or 21 million of 50 million poultry, were vaccinated. Of the vaccinated stock, nineteen million backyard birds were immunized with Chinese-manufactured vaccines (costing between VND 250-300 or 1.6-1.9 U.S. cents per dose) while an additional 2.1 million farm-raised chickens were inoculated with vaccines produced by the Dutch company Intervet (costing between VND 450-650 or 2.8-4.1 U.S. cents per dose).

¶5. (SBU) In the first half of 2006, approximately 30 million poultry were vaccinated, 21 million backyard chickens and ducks and an additional 9 million in commercial farms. The Director added that the central government funds the purchase of vaccines for backyard poultry while private farms cover the costs of their programs. Of the roughly VND 500 billion (USD 31 million) the GVN spends on the national vaccination program, VND 80 billion (USD 5 million) is allocated to the HCMC Regional Center and VND 60 billion (USD 3,750,000) to the Can Tho/Mekong Delta Center. The second dose of the vaccine will be administered beginning in August/September of 2006 with completion scheduled for year's end.

¶6. (SBU) Can Tho Center Director Thanh confirmed that the Mekong Delta region followed the same vaccine protocol as HCMC; he was unable or unwilling to provide a synopsis of 2005's vaccination program. He claimed that during the first half of 2006, 15 million of the Mekong Delta's 16 to 17 million poultry were vaccinated. Between 750,000 and 1.5 million of these birds were reportedly housed in commercial farms.

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Post-Vaccination Testing

¶7. (SBU) The Centers' Directors told us that poultry flocks in vaccinated provinces are randomly checked at one month and four months after vaccination. Regional health officials check for the presence of vaccine antibodies in live poultry and for signs of the virus in bird feces. The HCMC region tests an average of three flocks per province while the Can Tho Regional Center tests two. (For example, in Long An Province (which belongs to the HCMC Animal Health Region), 840 live birds were tested and 3,360 dropping samples were collected.) According to HCMC Center data, one month following vaccination, between 78 and 82 percent of birds tested positive for vaccine antibodies. (The numbers were 80.6 percent for chickens and 79.6 percent for ducks.) No virus loads were detected in bird feces. However, at four months, the average presence of vaccine antibodies in ducks dropped to 43 percent, while the rate in chickens was 70 percent. Moreover, antibody rates in tested duck flocks ranged from 15 to 96 percent. According to the Can Tho Center, its tests showed that ducks had higher immunity than chickens after the four-month mark. The Center Director claimed that ducks in the Delta are better cared for and more properly contained than in HCMC. However, he was unwilling or unable to provide data to back up these assertions.

Lingering Questions Over Vaccine Efficacy

¶8. (SBU) In 2005, Dutch vaccine producer Intervet raised questions about the quality of the Chinese-made vaccine, arguing that there was not sufficient published data to confirm its effectiveness (ref B). At least some Vietnamese scientists appear to continue to share these concerns. Nguyen Huu Hung, Deputy Head of the Department of Veterinary Medicine at Can Tho University, complained that GVN research laboratories maintain a monopoly on vaccine testing. Can Tho University, while

technically able to conduct such tests, has been prohibited from both sequencing the AI virus and conducting trials on the Chinese-made vaccine's effectiveness. Hung said that his GVN colleagues had cited biosafety as the primary reason, even though universities such as Can Tho have conducted such tests on other virus strains in the past. Hung said that the twice a year vaccination schedule was recommended by the Chinese vaccine producers, but he felt that a three-times yearly vaccination schedule was more appropriate for vaccination of backyard bird flocks in Vietnam.

19. (SBU) Comment: The Vietnamese authorities claim that their culling, surveillance and vaccination campaign has been a success. Although the H5N1 virus is still considered endemic within the Vietnamese poultry and waterfowl stocks, there has not been an AI outbreak in poultry in Vietnam over the past seven months and no poultry outbreaks in the southern regions of Vietnam over the past 16 months. That said, several concerns exist. The lower antibody rate in ducks, the primary vector for AI, may indicate that duck flocks require more frequent vaccinations. Additionally, the wide variation in the presence of vaccine antibodies in different flocks in various provinces may indicate either that some vaccines are ineffective, that post-vaccination studies are not accurate, or that vaccines are not being administered evenly to at-risk flocks in all provinces. Finally, the Can Tho Regional Center Director reported that he had heard the GVN is considering reducing

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central-level funding of the vaccination program and would like to turn over funding responsibility to the provinces. Without strong central-level funding, the effectiveness of the vaccination program may degrade. End Comment.
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